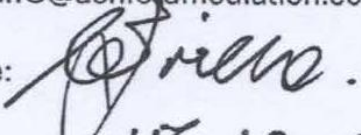
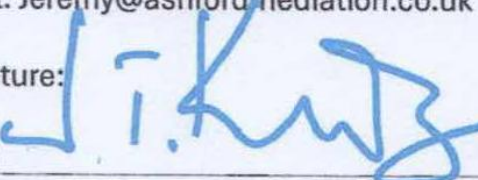




**ASHFORD MEDIATION SERVICE  
CHILDREN AND VULNERABLE ADULTS  
SAFEGUARDING POLICY  
VERSION 7  
DECEMBER 2025**

## AMS CHILDREN AND VULNERABLE ADULTS SAFEGUARDING POLICY

### POLICY FRONT SHEET

Name of Policy:	Children & Vulnerable Adults Safeguarding Policy
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Signed by AMS Safeguarding Lead and Designated Safeguarding Lead (DSL):	Cliff Grieve Email: CliffG@ashfordmediation.co.uk Signature:  Date: 18-12-25
Signed by AMS Chair:	Jeremy King Email: Jeremy@ashfordmediation.co.uk Signature:  Date: 19.12.25

19.12.25



## **Ashford Mediation Service's (AMS) Children & Vulnerable Adults Safeguarding Policy**

### **Introduction**

Safeguarding is central to all our work with families, children, young people, and vulnerable adults. Ashford Mediation Service (AMS) has a duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people, and to protect vulnerable adults from abuse or the risk of abuse.

The legislation and guidance relevant to safeguarding and promoting the welfare of children and vulnerable adults includes the following: The Children and Social Work Act (2017), The Children Act 1989 and 2004, Working Together to Safeguard Children (2015), No Secrets (2000), The Crime and Disorder Act (1998), The Health and Social Care Act (2008) and the Care Act (2014).

### **Statement of Current Safeguarding Processes:**

AMS is committed to providing and adhering to strong safeguarding practices, to this end:

- All staff and volunteers are required to hold an Enhanced DBS Check of not more than two years old, prior to any work, (including volunteering) commencing.
- As part of the AMS Volunteer Onboarding process, all staff and volunteers are required to provide two character/employer references that include mention of their suitability for the role being undertaken with AMS.
- All staff and volunteers are required to undertake a suite of safeguarding training (seven modules in all), through Kent Safeguarding Children Multiagency Partnership (KSCMP) Training, including Safeguarding Children Level's One and Two; renewable annually and Safeguarding Adults Level 1, renewable every two years.
- In addition to the above online training, all staff and volunteers are required to attend the AMS Safeguarding Workshop facilitated by the DSL for AMS. The subject matter will be the current safeguarding concerns for all of us, especially those involving children, young people, and vulnerable adults.
- We operate a co-mediation model, whereby there are always two mediators present at each meeting, whether online or in person.

- Where appropriate our mediation meetings are held, online initially, and then in specially selected, neutral, public spaces for the in-person meetings. We do not visit participants in their homes.
- All staff and volunteers are required to sign the AMS Safeguarding Code of Conduct; [Appendix 1](#), included at the end of this Policy, prior to commencement of any work or volunteering activity commencing.
- All staff and volunteers are made aware of the AMS Safeguarding Flowchart [Appendix 2](#), included in this Policy, where the details of both the Designated Safeguarding Lead (DSL) and the Deputy DSL are held.
- It is the DSL's responsibility to consider, with reference to the AMS co-mediator on the relevant case, the AMS Chair, and any other AMS colleagues as appropriate and report any Safeguarding concerns raised. The DSL will complete the AMS internal report form, [Appendix 3](#), a copy of which can be found at the end of this document, to discuss the matter with colleagues prior to reporting the concern to KCC using the route outlined in the AMS Safeguarding Flowchart.
- For any child, directly participating in the mediation process, such as in an intergenerational mediation, we ask that an adult with parental responsibility for them, completes the form in this link:
- [Ashford Mediation Service \(AMS\): Under 16's Parental Consent Form](#)
- All staff and volunteers are required to sign the Bring Your Own Device (BOYD) Policy, for using their own computer for AMS business purposes. The AMS email address given to all new volunteers, should only be used on AMS business and case work.
- All mediators need to sign the Data Protection Agreement (DPA) as a requirement of the contract we hold with Restorative Solutions, for the delivery of mediation services, for Police referrals.
- **NB: The volunteer's status with these Safeguarding requirements are monitored and published at each quarterly Board meeting, through the Operation Manager's Report.**

### **Scope of the Policy**

This policy is to be given to and used by any member of staff or volunteer working directly with families, children, young people, and vulnerable adults, and by any other support staff or Trustee of the organisation who becomes involved in a child protection concern in the course of their work for AMS. Children, young people, vulnerable adults, and parents/carers are informed of the contents of this Policy as appropriate.

The Policy applies to anyone with whom we are in contact in the course of our work, who is a child, a young person, or vulnerable adult. Where the policy or procedure refers to a 'child' or 'young person' we mean anyone who has not yet reached the age of 18 years. A vulnerable adult is someone aged 18 years or over 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation' (Department of Health, No Secrets, 2000).

***NB: This Policy will be reviewed, endorsed, and adopted by the AMS Board of Trustees annually, or when legislation changes.***

### **Purpose of the Policy**

This policy and procedure sets out how AMS implements safeguarding for children, young people, and vulnerable adults with whom they come into contact in the course of their work. AMS is committed to devising and implementing policies so that everyone within the organisation understands and accepts their responsibilities for safeguarding children, young people and vulnerable adults from abuse and neglect. This means following procedures to protect them and reporting any concerns about their welfare to the DSL who may, after consideration refer the matter to the appropriate authorities.

This Policy should help:

- Support AMS to safeguard children, young people, and vulnerable adults, in practice, by defining abuse in all its manifestations and by setting out what we need to do if we come across it.
- Ensure we all work to the same Policy guidelines.
- Make sure we are accountable for what we do or don't do.
- All of us be clear what is expected of us.
- Explain to staff and volunteers what AMS is doing in relation to safeguarding.

***NB: This Policy is informed by and supports our organisational purpose and is how we comply with Kent County Council's Safeguarding Children and Vulnerable Adults guidance.***

## **Who is a Child, Young Person, Vulnerable Adult?**

### **Child/Young Person**

A child or young person means someone who is under 18 years of age, that is, has not reached their 18<sup>th</sup> birthday.

For AMS, this could refer to the child/young person with whom we are working directly, or the child of one of the adults or a young person, or of another person, with whom we are in contact in the course of our work.

When concerns are raised about the child of a service user (child or vulnerable adult), the needs of the youngest person should take precedence.

### **Vulnerable Adults**

This policy applies to any vulnerable adults, defined by the following:

Any person aged eighteen or over who -

- Is or may need community care services by reason of mental or other disability, age, or illness; and
- Is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

AMS will come across vulnerable adults in the course of their work with families. There may be occasions when we come across a vulnerable adult within the household of or associating with a child/young person or parent with whom we are working. It is important that we alert the DSL to this scenario and monitor the case and its outcomes.

In all instances, our approach to safeguarding vulnerable adults, we are in contact with, follows the same principles, and safeguarding processes as we do for safeguarding children.

## **Objectives of the Policy**

We will achieve our objectives by having the following things in place:

- Safe organisational ethos
- Safe environment
- Safe processes and working practices
- Safe collection, use, transmission and recording of data
- Safe staff and volunteers

## **Principles**

In support of these objectives, we are committed to the following principles:

**To achieve a Safe Ethos, we will:**

- Work to support the organisational purpose, which is to offer mediation services to those in conflict. During the course of our work, we will seek to protect, children and young people and vulnerable adults.
- Promote the safety of children, young people, and vulnerable adults in all our work, both directly and indirectly through our partnerships and collaborative work.
- Support the spirit and practice of the AMS safeguarding ethos in all that we personally do.
- Have in place quality assurance processes that help us to ensure we are all safeguarding in practice.
- Treat all children, young people, and adults fairly in being able to access services which meet their needs, regardless of gender, ethnicity, disability, sexual orientation, or beliefs.

**To achieve a Safe Environment, we will:**

- Ensure the welfare and safety of children, young people, and vulnerable adults.
- Practice with respect, where appropriate for children's rights, wishes and feelings to be uppermost in our thinking.

**To achieve Safe Processes, we will:**

- Take all suspicions and allegations of abuse, from inside or outside the organisation, seriously, and respond to them promptly and appropriately.
- Be clear about everyone's roles and responsibilities.
- Implement safeguarding procedures that are compliant with the expectations of the safeguarding arrangements in the areas where we operate.
- Have in place clear arrangements for how we would respond to concerns about how we implement safeguarding in practice within the organisation.

**To achieve Safe Information, we will:**

- Be clear with service users how the things they tell us will be used.
- Publish our Safeguarding Policy on our website.
- Communicate promptly and clearly within AMS and with external agencies and follow the requirements of information sharing protocols in the localities in which we operate.
- AMS is registered with the Information Commissioner's Office (ICO) for safe collection and use of personal information.
- Keep any necessary service user's data, securely on our CRM system Monday.com and on MyRJ, the Restorative Justice CRM.
- Hold service users' information securely and with care and use it for agreed purposes only.

**To achieve Safe Staff, we will:**

- Recruit trustees, staff, and volunteers with regard to their suitability for work with children, including use of Enhanced Disclosure and Barring Service checks.
- Provide trustees, staff and volunteers with guidance and training in their safeguarding role and ensure they have access to our policies and procedures.



- Make sure everyone has access to advice on safeguarding at all times in the course of their work by ensuring it is always part of all training and induction modules.
- Be clear with everyone what their individual role and responsibility is in safeguarding.
- Support staff and volunteers to carry out their job with appropriate supervision.

### **What is Child Abuse or Neglect?**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Abuse means a child's rights and needs are not being met as defined in The Children's Act 2004 and the United Nations Convention on the Rights of the Child (1989). Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. Abuse may occur through the actions, or inactions of an adult or adults, or another child or children.

Where a child is disabled, injuries or behavioural symptoms may mistakenly be attributed to his/her disability rather than the abuse. Similarly, where a child is from a minority ethnic group, aggressive behaviour, emotional and behavioural problems, and educational difficulties may be wrongly attributed to racial stereotypes, rather than abuse. Cultural and religious beliefs should not be used to justify hurting a child. Safeguards for all children and young people are the same regardless of disability or ethnicity.

### **Physical Abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces or causes ill health to a child whom they are looking after. This situation is called Induced Fabrication Illness by a Carer (formerly known as Munchausen's by proxy).

### **Emotional Abuse**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Witnessing the harm of another person, such as in the case of domestic violence, is a form of emotional abuse. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.



### **Sexual Abuse & Sexual Exploitation**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including **sexual exploitation**, whether or not the child is aware of what is happening, and whether it is for money or reward or not. The activities may involve physical contact, including penetrative contact (e.g. rape and buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur as a result of maternal substance abuse during pregnancy. Once a child is born, neglect may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, failure to ensure adequate supervision including the use of inadequate caregivers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

### **Abuse of Disabled Children**

Disabled children are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Parents of disabled children may experience multiple stresses. This group of children may be particularly vulnerable to abuse for a number of reasons including:

- Having fewer social contacts than other children.
- Receiving intimate personal care from a larger number of carers.
- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser.
- Having communication difficulties resulting in difficulties in telling people what is happening.
- Being reluctant to complain for fear of losing services.
- Being particularly vulnerable to bullying or intimidation.
- Being more vulnerable to abuse by peers than other children.

### **Disability is defined as:**

- A major physical impairment, severe illness, and/or a moderate to severe learning difficulty
- An ongoing high level of dependency on others for personal care and the meeting of other basic needs

### **Bullying**

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). There is increasing use of new technologies, including social media, as a tool for bullying and such incidents should be taken seriously.

### **Self-Harming Behaviour**

Children and young people who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour in itself may cause impairment of the child's health or development and in some circumstances present significant harm or the risk of significant harm. Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

### **Female Genital Mutilation (FGM)**

Female genital mutilation is a collective term for procedures that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 - 13 years but may be performed on newborn babies or on young women. FGM can result in death.

FGM is a criminal offence (Prohibition of Female Circumcision Act 2003). Under the act it is an offence to arrange, procure, aid, or abet female genital mutilation. Parents/carers may be liable under this act. It is also an offence to allow the procedure to be undertaken in another country. Where agencies become aware that a girl is at risk of FGM a referral should be made to KCC's Children's Social Care, or the Police.

### **Domestic Violence or Abuse**

Domestic Violence is defined by the Home Office as: 'Any incident of threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to minority ethnic (BME) communities such as so called 'honour killings'.

The term domestic violence is used to include any form of physical, sexual, or emotional abuse between people in a close relationship. It can take a number of forms such as physical assault, sexual abuse, rape, threats, and intimidation. It may be accompanied by other kinds of

intimidation such as degradation, mental and verbal abuse, humiliation, deprivation, systematic criticism, and belittling. The term domestic violence includes the term ‘domestic abuse.’

### **Forced Marriage**

A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put children or adults at risk of physical abuse. In circumstances where there are concerns that someone is at imminent risk of a forced marriage urgent referrals should be made to Children’s Adults’ Social Care. In the case of a young person at risk of forced marriage it is likely that an initial discussion with the parent, carer or other community member may significantly increase the level of risk to the young person.

### **Internet Harm**

Sexual exploitation (see above) also includes non-contact activities, such as involving children in seeing or receiving or sending sexually suggestive emails or text-messages, or inappropriate behaviour in Internet chat rooms, involving children looking at, or in the production of, pornographic material of watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Trafficking**

Children can be trafficked into, within and out of UK for many reasons and all different types of exploitation. Trafficking is a form of child abuse and needs an appropriate safeguarding response. Any child who is recruited, transported, transferred, harboured, or received for exploitative reasons is considered to be a victim of trafficking, whether or not they have been forced or deceived. This is because it is not considered possible for children in this situation to give informed consent. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adult. It is important these children are protected too.

Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud, forced marriage, begging and involvement in criminal activity such as pick pocketing, theft and working on cannabis farms. They are likely to be subjected to other forms of abuse, as a means of coercing and controlling them.

Trafficking is carried out by individual adults and organised crime groups.

### **Sexual activity with a child/young person under the age of 18, or living away from home**

Consensual sexual activity involving a young person under 18 years is not always abusive, but it may be. A child's or young person's ability to consent can be impaired due to lack of freedom, capacity or choice; for example because of an age/power imbalance; because it is leading into sexual exploitation; because one person is in a position of trust with the other (e.g. a teacher); where one person is vulnerable because of disability or capacity; where the child/young person is in the care of another away from home. No child under the age of 13 or under is able to consent to any sexual activity according to the Sexual Offences Act (2003).

### **Child Criminal Exploitation**

Child Criminal Exploitation is common in '**County Lines**'\* and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology. Criminal exploitation of children is broader than just county lines and includes for instance children forced to work on cannabis farms or to commit theft.

\*County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city into other markets- such as suburban areas and coastal and market towns, using a dedicated mobile phone or "deal lines."

### **What is Abuse of a Vulnerable Adult?**

Abuse is a violation of a person's rights or dignity by someone else. It can be done by anyone including relatives and family members, professional staff, paid care workers, volunteers, other users of services, neighbours, friends and associates or strangers. There are many kinds of abuse including:

#### **Physical**

This could be hitting, slapping, pushing, and kicking.

#### **Sexual**

This includes rape and sexual assault or sexual acts to which the vulnerable adult:

- has not consented
- could not consent
- was pressured into consenting

#### **Emotional/Psychological**

This could be:

- emotional abuse

- threats of harm or abandonment
- depriving the person of contact
- humiliating
- blaming
- controlling
- intimidating
- coercing
- harassing
- verbally abusing
- isolating
- withdrawing a person from services or support networks

### **Financial or Material**

This could be:

- theft
- fraud
- exploitation
- pressure in connection with wills, property, inheritance, or financial transactions
- misusing or misappropriating property, possessions, or benefits

### **Neglect or Acts of Omission**

This could be:

- ignoring medical or physical care needs
- failing to provide access to appropriate health care, social care, or education services
- misusing medication
- inadequate nutrition or heating

### **Discriminatory**

This could be:

- racist behaviour
- sexist behaviour
- harassment based on a person's ethnicity, race, culture, sexual orientation, age, or disability
- other forms of harassment, slurs, or similar treatment

### **Cuckooing**

Cuckooing is a particularly devastating form of abuse, where a 'vulnerable' adult's home is taken over, by force or threat to host a myriad of illegal activity including drug dealing and handling stolen goods etc. Threats include to harm children or grandchildren, bullying and withholding personal finances.

This section summarises the relevant requirements of AMS's **Confidentiality and Information Sharing Policy and Procedures**.

### **Consent to Sharing Information**

**Following a referral into the Service, AMS** service users sign their consent for sharing of certain information with the referring agent, if appropriate and the AMS office (Operations Manager and Administrator/Case Manager) including and limited to the Service Mediators. Service users should always know what we need to do with information they give us, and their wishes about how this is disclosed and used should be taken account of wherever possible, as long as this does not jeopardise their privacy, beyond what they have agreed to, or the safeguarding of everyone involved.

### **Children and Young People**

When working with children and young people, AMS will make it clear to them that they cannot offer unconditional confidentiality. Young people have a right to be informed that their consent to share information will be sought in most cases, as well as the kinds of circumstances when their consent may not be sought, or their refusal to give consent may be overridden. In all cases where practitioners feel that they have to break confidentiality with the child/young person, they must inform the child/young person and reassure them that their best interests will be maintained.

If a child/young person does not have sufficient capacity or understanding to consent to sharing information, it should be sought from the parents/carers of the child, except if doing so would increase to risk of harm to the child.

### **Parents and Carers**

Information shared with safeguarding agencies on a need-to-know basis is not always appropriate to share with parents and carers, and care should be taken not to share information with parents and carers that is not consented to by the young person, unless not to do so would be inconsistent with their safeguarding and welfare.

### **Vulnerable Adults**

Information to be shared should only be that which is relevant to safeguard vulnerable adults. An adult service user should normally consent to information sharing but this consent may be overridden in certain circumstances, especially when there is a risk of harm, and the adult does not have capacity to understand and consent, or there is a crime. Any concerns should be referred to the DSL.

## **Roles and Responsibilities**

This section describes the general roles and responsibilities held by different positions in the organisation with regard to safeguarding. It does not describe 'what to do' in a particular situation, which will be found in the 'Procedures' section. Nor does it describe all their roles and responsibilities, which are to be found in individual job descriptions.

### **Trustees**

- Uphold the safeguarding ethos and purpose of the organisation.
- Have a trustee with lead responsibility for safeguarding (DSL).
- Agree safeguarding policies and procedures and review **these annually**.
- Satisfy themselves that policies and procedures are carried out.
- Include 'Safeguarding' as a standing item at full board meetings.
- Actively involve the DSL to set the safeguarding procedure in train when becoming personally aware of a safeguarding issue in the course of their work for AMS.

### **Designated Safeguarding Lead (DSL)**

Act as the **Designated Safeguarding Lead** for AMS for all safeguarding actions and decisions, which come from:

- Making referrals
- Supporting a safeguarding discussion with relevant colleagues and Board Chair
- Reviewing the assessed level of risk which informs the way staff and volunteers work with children, young people, and adults at risk
- Follow procedures if any concern or allegation arises as a result, and support good practice
- Report any allegation or concern about the safeguarding practice of any Trustee, member of staff or volunteer to the Board of Trustees

### **Safeguarding Deputy Activities**

Acts as the **Designated Safeguarding Deputy** to the Designated Safeguarding Lead

- Ensures this Policy and the procedures are in place, it is communicated to staff and volunteers, reviewed, and practiced
- Puts in place arrangements to recruit, train and manage staff and volunteers to practice safely
- Receives and responds to requests for procedural advice or guidance from staff and volunteers in the absence of the DSL
- Agrees when any formal action is needed to ensure that another agency is carrying out its safeguarding procedure with respect to a child, young person, vulnerable adult, known to AMS
- Acts upon any concern raised about staff practices in relation to safeguarding



- Carries out an annual risk assessment and review of the safety of premises, activities, equipment, and travel arrangements.
- Appoints a first aider, if appropriate and ensures she/he is trained and up to date.

### **Staff and Volunteers working with Young People**

- Undertake safeguarding training upon joining AMS (see AMS Statement of Current Processes).
- Refresh safeguarding training annually.
- Act upon concerns and allegations involving service users and safeguarding.
- Report concerns and allegations according to these procedures, to the AMS Designated Safeguarding Lead and agree what AMS will do.
- Act in a timely manner, taking account of the perceived level of risk, when the Designated Safeguarding Lead is not available.
- Record concerns, analysis of concerns, information, decisions, actions, clearly and promptly and keeps a log on the file of work in progress.
- Support safeguarding referrals.
- Report safeguarding concerns to another agency's safeguarding coordinator/s or manager/s, when these arise in the course of participating in events and activities where other agency professionals are the supervising workers
- Report any concerns about safeguarding practice of a colleague or manager or Trustee to the Chair of the Board of Trustees.

### **Volunteers**

- Report concerns and allegations to and act upon the advice of the DSL.
- Record concerns, analysis of concerns, information, decisions, actions, clearly and promptly and keeps a log on the file of work in progress.
- Support safeguarding referrals as appropriate.
- Report any concerns about safeguarding practice of a colleague or Trustee to the Chair of the Board in the first instance.

### **Managing and Resolving Disputes over Agency Responses**

If there is disagreement between AMS and KCC or another agency as to the appropriateness of a safeguarding referral, the DSL should **always promptly** discuss and agree what to do next with the AMS Chair.

Follow the relevant Local Safeguarding Children Board's guidance for resolving differences in professional opinion and their escalation policy and process.

Always keep in mind that the child/young person or vulnerable adult's safety and welfare is paramount.

[Local safeguarding children board - Family Rights Group](#)

All staff and volunteers should clearly log a disagreement or dispute about how a safeguarding concern should be dealt with the DSL, Deputy DSL (Operations Manager), and the Chair of AMS. Where a disputed referral is re-referred, in the belief that this is necessary, the re-referral should always be supported in writing, giving reasons.

**NB: The following sections summarise the requirements of supporting policy, practice, or procedures; readers should look at the whole policy or procedure for further information.**

**Recruitment of Trustees, employees, and volunteers to work with young people**

- This section summarises some aspects of the AMS **Recruitment Procedures**. The procedures set out below apply to paid staff and volunteers.
- Applicants for both paid and voluntary positions, will need to apply for and achieve an Enhanced DBS Check.
- At least two references will be taken up in relation to trustees, staff, and volunteers, including, where possible, at least one concerning previous work with children.
- Posts will be subject to satisfactory clearance, and consent will be obtained from applicants to carry out Disclosures through the DBS process. Please note, individuals registered on the DBS portal as volunteers, must undergo a new DBS check if they are moving into a paid role. This will help to establish whether applicants have any criminal convictions or other past behaviour that suggests they are unsuitable to work with children.
- All Enhanced DBS Checks held, need to be renewed after two years, or preferably automatically renewed annually.
- Where a prospective employee, volunteer or trustee does have a criminal record that does not prevent them from working with children, young people and/or vulnerable adults or acting in their particular role, their prospective line manager will have a discussion with them, and a risk assessment will be carried out to ascertain their suitability for the position for which they are applying. This assessment must be signed off by the Chair.
- We recognise that the absence of any relevant Disclosure does not guarantee that the individual is safe to work with children.
- AMS will only hold the registration number, DOB, and name of the applicant for record-keeping purposes. All scans of the DBS Checks themselves, held or sent to the office, will be destroyed.

### **Relevant Legislation**

1. Children Act 1989 and 2004
2. Children and Social Work Act 2017
3. Safeguarding Vulnerable Groups Act 2006
4. Protection of Freedoms Act 2012
5. Children and Families Act 2014
6. Education Act 2002 and Education Act 2011
7. Digital Economy Act 2017
8. Adoption and Children Act 2002
9. Female Genital Mutilation Act 2003
10. Children and Adoption Act 2006
11. Children and Young Persons Act 2008
12. Borders, Citizenship, and Immigration Act 2009
13. Apprenticeships, Skills, Children and Learning Act 2009

### **Policy and Guidance**

1. Working together to safeguard children (2015)
2. Child sexual exploitation, female genital mutilation, and radicalisation (HM Government, 2015)
3. Mandatory reporting of female genital mutilation- Procedural information (Home Office, 2015)

## Appendix 1

### AMS Code of Conduct for Staff and Volunteers

#### Purpose

The purpose of this Code of Conduct is to provide clear guidelines for all staff and volunteers of Ashford Mediation Service (AMS). This code aims to ensure the safety, dignity, and respect of all individuals involved with AMS and to maintain the trust placed in our organisation.

#### Scope

This Code of Conduct applies to all staff, volunteers, contractors, and anyone else representing AMS.

#### Core Principles

- **Respect and Dignity:** Treat everyone with respect and dignity, regardless of their background, abilities, or personal circumstances.
- **Safety and Protection:** Prioritise the safety and well-being of all service users, especially young people, and vulnerable adults.
- **Integrity and Professionalism:** Maintain the highest standards of integrity and professionalism in all interactions.

#### Professional Boundaries

- **Role Awareness:** Understand and adhere to your role's boundaries and responsibilities.
- **Appropriate Relationships:** Develop professional, respectful relationships with clients. Avoid any behaviour that could be interpreted as inappropriate or exploitative.
- **Conflict of Interest:** Declare any conflicts of interest that might affect your impartiality or judgment.

#### Safeguarding and Child Protection

- **Mandatory Reporting:** Report any concerns, suspicions, or allegations of abuse or neglect immediately to the Designated Safeguarding Lead (DSL), following the protocols in the AMS Safeguarding Flowchart and Policy.
- **Physical Contact:** Avoid all unnecessary physical contact.

#### Confidentiality

- **Information Handling:** Treat all personal information about service users as confidential and handle it in accordance with the Data Protection Act 2018 and GDPR.
- **Disclosures:** Inform clients that you cannot keep disclosures of abuse or serious harm confidential and must report them to the appropriate authorities.

#### Communication

- **Respectful Communication:** Use language that is respectful, inclusive, and appropriate for the audience.

#### Appendix 1 Cont.

- **Electronic Communication:** Avoid using personal devices for communication with clients, ensuring that your number is withheld if using own device. Use charity approved communication channels and keep records of interactions.
- **Social media:** Do not engage with clients through personal social media accounts. Use professional accounts for charity-related communications.

#### Personal Conduct

- **Professionalism:** Maintain a professional demeanour at all times, including appropriate dress and punctuality.
- **Substance Use:** Do not use or be under the influence of alcohol or illegal substances while performing your duties.
- **Gifts and Favours:** Do not accept or give personal gifts or favours to clients that could be construed as inappropriate or lead to favouritism.

#### Training and Development

- **Ongoing Learning:** Participate in mandatory training on safeguarding, health and safety, and any other relevant areas.
- **Skill Development:** Engage in opportunities for professional development to enhance your skills and knowledge in working with vulnerable groups.

#### Accountability

- **Policy Adherence:** Adhere to all charity policies and procedures.
- **Conduct Review:** Be aware that breaches of this code may result in disciplinary action, including possible termination of your role within the Charity.
- **Continuous Improvement:** Strive to improve your conduct and the quality of services provided by reflecting on feedback and experiences.

#### Breach of Conduct

- **Reporting Breaches:** Report any breaches of this Code of Conduct to your line manager or the DSL.
- **Investigation:** Understand that breaches will be investigated promptly and fairly, with appropriate actions taken to address any misconduct.

#### Acknowledgment and Agreement

By signing this document, I acknowledge that I have read, understood, and agree to comply with the AMS Code of Conduct for staff and volunteers. I understand the importance of maintaining exacting standards of conduct and agree to uphold the values and principles of AMS.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** -----

This Code of Conduct ensures that all staff and volunteers at AMS are aware of their responsibilities and the expectations for their behaviour. It promotes a safe and respectful environment for everyone involved and helps maintain the integrity and reputation of the Charity.

## Safeguarding Flowchart

*Please follow this procedure if you have a safeguarding concern about a child or a vulnerable adult. Use this document alongside our Safeguarding Children and Vulnerable Adults Policy.*

**Child/young person/vulnerable adult's behaviour/appearance/words raise concerns.  
Do not promise confidentiality. Do not personally investigate further.**



### STAY CALM

If you think someone is in IMMEDIATE danger, call the police on 999.

**In addition**

**Contact the AMS Operations Manager 07704 621091 [melodie@ashfordmediation.co.uk](mailto:melodie@ashfordmediation.co.uk) who will contact the Designated Safeguarding Lead (DSL) Cliff Grieve on 07931 284007 and advise him of the AMS Case no. and outline issues.**



The **DSL**, who is the AMS Board Safeguarding Lead, will explore further with other staff/volunteers/agencies involved, including: the Chair of the AMS Board.  
If following this exploration, police involvement is warranted, the **DSL** will contact them.



If there is cause for concern, but not for police involvement, the **DSL** will then contact the KCC's Front Door or Adult Safeguarding team via the links below:

[Adult safeguarding forms - Kent County Council](#)

[Worried about a child? Make a referral via the KCC Children's Portal](#)

**Phone: 03000 411105**

*If there is no cause for concern, no further action is taken; records updated*

**And the situation is monitored, And the  
DSL will update the Deputy DSL & AMS Chair of any decision.**

### Appendix 3

#### Internal Safeguarding Report Form

Designated Safeguarding Lead to complete the form below, prior to contacting KCC via the links in the Safeguarding Flowchart.

Form to be sent to DSL Deputy at AMS for confidential records.

#### Reporting From:

Case worker:

Email: [info@ashfordmediation.co.uk](mailto:info@ashfordmediation.co.uk)

Tel number: 07845 914838

#### Subject: Safeguarding Referral

Name:

DOB/Age:

Address:

Ethnicity:

Date and time of incident:

#### Reason for referral:

Details of the allegation, such as, who/where/what/when/how.

Details of witnesses:

Details of harm or risks or potential for either:

Any other supporting information:

Signed:

Date: